

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number

Expires:

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FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.)								
Name of Offering (□ check if this is an amendment and name has changed, and indicate change.)								
Wheatland, LLC								
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506 ☐ Section 4(6) ☐ ULOE								
Type of Filing: ☑ New Filing ☐ Amendment								
A. BASIC IDENTIFICATION DATA JUL 20 2005								
1. Enter the information requested about the issuer								
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)								
Wheatland, LLC								
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)								
137 Sherwood Park Drive, Okabena MN 56161 (507) 853-4635								
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)								
(if different from Executive Offices)								
Brief Description of Business								
Commodities trading								
Type of Business Organization								
□ corporation □ limited partnership, already formed ☑ other (please specify): limited liability company								
□ business trust □ limited partnership, to be formed								
Month Year								
Actual or Estimated Date of Incorporation or Organization:								
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:								
CN for Canada; FN for other foreign jurisdiction)								

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDE	NTIFICATION DATA								
2. Enter the inform	Enter the information requested for the following:										
 Each prom 	• Each promoter of the issuer, if the issuer has been organized within the past five years;										
 Each benefissuer; 	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;										
• Each execu	tive officer and director of	corporate issuers and of c	corporate general and ma	naging partners	of partnership issuers; and						
Each gener	al and managing partner of	partnership issuers.									
Check Box(es) that A	pply:	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last nam	e first, if individual)										
Neal, Thomas E.											
Business or Residence	e Address (Number and St	reet, City, State, Zip Code	e)								
141 West Jackson B	oulevard, Suite 1720, Chic	ago, Illinois 60604									
Check Box(es) that A	pply:	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last nam	e first, if individual).										
Patterson, Michael l).										
Business or Residence	e Address (Number and St	reet, City, State, Zip Cod	e)								
140 Sherley Place, F	airfield, CT 06825		202								
Check Box(es) that A	pply:	☐ Beneficial Owner	☐ Executive Officer	☑ Manager	☐ General and/or Managing Partner						
Full Name (Last nam	e first, if individual)										
Haberman, Angela	₹										
Business or Residence	e Address (Number and St	reet, City, State, Zip Cod	e)								
137 Sherwood Park	Drive, Okabena MN 5616	1	_								
Check Box(es) that A	pply:	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last nam	e first, if individual)										
Business or Residence	e Address (Number and S	reet, City, State, Zip Cod	e)								
Check Box(es) that A	pply: Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last nam	e first, if individual)	,									
Business or Residence	e Address (Number and S	reet, City, State, Zip Cod	e)								
Check Box(es) that A	pply:	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last nam	e first, if individual)										
Business or Residence	e Address (Number and S	treet, City, State, Zip Cod	e)	. 162-9							
Check Box(es) that A	pply:	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner						
Full Name (Last nam	Full Name (Last name first, if individual)										
Business or Residence	e,Address (Number and S	treet, City, State, Zip Cod	e)								

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					B. I!	NFORMA	TION AB	OUT OFF	ERING					
													Yes	No
1.	Has the	issuer solo	d, or does t	he issuer ir	ntend to sel	l, to non-a	ccredited in	nvestors in	this offerin	ng?		• • • • • • • • • • • • • • • • • • • •	🗆	\square
Answer also in Appendix, Column 2, if filing under ULOE														
2. What is the minimum investment that will be accepted from any individual?									. No min	imum				
	•												Yes	No
3.	Does the	e offering	permit join	ıt ownershi	p of a sing	le unit?						•••••	. 2	
; j	similar r is an ass broker o	remunerati sociated pe or dealer.	on for soli	citation of ent of a bro in five (5) j	purchasers oker or dea persons to l	in connect ler register	ion with sa ed with the	ales of secu SEC and/	rities in th or with a s	e offering. tate or state	If a persones, list the i	ommission n to be listed name of the nay set forth	1	
Full Name	(Last na	ame first, i	if individua	al)										
N/A														
Business o	r Reside	ence Addre	ess (Numbe	er and Stre	et, City, St	ate, Zip Co	de)							
Name of A	ssociate	ed Broker	or Dealer											
States in W	Vhich Pe	rson Liste	d Has Soli	cited or Int	ends to So	licit Purcha	asers							
(Chec	ck "All S	States" or	check indiv	vidual State	es)								l States	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
į	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
į	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
1	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	(Last n	ame first, i	if individua	al)			-							·
Business o	or Reside	ence Addre	ess (Numbe	er and Stre	et, City, St	ate, Zip Co	ode)							
Name of A	Associate	ed Broker	or Dealer											
States in W	Vhich Pe	erson Liste	d Has Soli	cited or Int	tends to So	licit Purch:	asers							
												🗆 Ai	1 States	
•					,	[CO]		[DE]	[DC]		[GA]		[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	(MI)	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	(Last na													
N/A														
Business o	or Reside	ence Addre	ess (Numb	er and Stre	et, City, St	ate, Zip Co	ode)							
Name of A	Associate	ed Broker	or Dealer											
States in V	Which Pe	erson Liste	ed Has Soli	cited or In	tends to So	licit Purch	asers							
(Chec	ck "All	States" or	check indi	vidual Stat	es)							🗆 A	II States	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, if necessary.)

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Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 0 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
Type of Security	(Aggregate Offering Price	An	nount Already Sold
. Debt		_	s	-0-
Equity			s	-0-
□ Common □ Preferred			<u></u>	
Convertible Securities (including warrants)	\$	-0-	\$	-0-
Partnership Interests			<u> </u>	-0-
Other (Specify) Limited Partnership Interests		_	<u> </u>	200,000
Total			<u></u>	-0-
Answer also in Appendix, Column 3, if filing under ULOE.		_		
the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	d			
who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0"		Number Investors		Aggregate ollar Amount of Purchases 200,000
who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Investors 2	(ollar Amount of Purchases
who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors	·	Investors 2 -0-	<u>s</u>	ollar Amount of Purchases 200,000
who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors	·	Investors 2 -0-	<u>s</u>	ollar Amount of Purchases 200,000
who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)	·	Investors 2 -0-	<u>s</u>	ollar Amount of Purchases 200,000
who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of	·	Investors 2 -0-	<u>\$</u>	ollar Amount of Purchases 200,000
who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.	· —	Investors 2 -00- Type of Security	<u>\$</u>	ollar Amount of Purchases 200,000 -00- ollar Amount
who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of offering	·	Investors 2 -00- Type of Security	<u>\$</u>	ollar Amount of Purchases 200,000 -00- ollar Amount
who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of offering Rule 505.		Investors 2 -00- Type of Security	\$ \$ \$ D	ollar Amount of Purchases 200,000 -00- ollar Amount

given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	\$	-0-
Printing and Engraving Costs	<u>\$</u>	-0-
Legal Fees		4,900
Accounting Fees	\$	-0-
Engineering Fees	\$	-0-
Sales Commissions (specify finders' fees separately)	<u>\$</u>	-0-
Other Expenses (identify) filing fees	\$	250
Total	\$	5,150

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total exp	enses furnished in response to Part C - Ques	ate offering price given in response to Part C- Question tion 4.a. This difference is the "adjusted gross proceed	s to the			<u>\$</u>		N/A
5.	Indicate below the amount of the adjusted of the purposes shown. If the amount of a	gross proceeds to the issuer used or proposed to be used by purpose is not known, furnish an estimate and check yments listed must equal the adjusted gross proceeds to	d for each	i to				
					Payments to Officers, Directors, & Affiliates		Pε	yments to Others
	Salaries and fees			3 <u>\$</u>	-0-		<u>\$</u>	-0-
	Purchase of real estate] <u>\$</u>	-0		<u>\$</u>	-0-
	Purchase, rental or leasing and installation	of machinery and equipment	⊏	3 <u>\$</u>	-0-		<u>\$</u>	-0-
	Construction or leasing of plant buildings	Construction or leasing of plant buildings and facilities						-0-
		the value of securities involved in this offering that mags of another issuer pursuant to a merger)] <u>\$</u>	-0-		<u>\$</u>	-0-
	Repayment of indebtedness			<u>\$</u>	-0-		<u>\$</u>	-0-
	Working capital			3 <u>s</u>	-0	abla	<u>\$</u>	N/A
	Other (specify):] <u>\$</u>	-0-			-0-
	Column Totals] <u>\$</u>	-0-		<u>\$</u>	-0-
	Total Payments Listed (column totals adde	d)	••••••		☑ \$ <u>N/A</u>			
		D. FEDERAL SIGNATURE						
constitu	er has duly caused this notice to be signed by the san undertaking by the issuer to furnish to d by the issuer to any non-accredited investo	y the undersigned duly authorized person. If this notice the U.S. Securities and Exchange Commission, upon wr pursuant to paragraph (b)(2) of Rule 502.	is filed written rec	ınde Jues	er Rule 505, the t of its staff, the	follo info	owing ormat	signature ion
,	Print of Type) and, LLC		Date July 12, 2	2005	i			-
Name o	Signer (Print or Type)	Title of Signer (Print or Type)			-			
Angela	R. Haberman	Manager						
	•	ATTENTION		عدر				
	Intentional misstatements of	r omissions of fact constitute federal criminal violati	ons. (Se	e 18	U.S.C. 1001.)			

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